

FILED  
Apr 26, 2005 08:00 AM  
Secretary of State

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000057597	
1. Entity Name INTRAB CORPORATION	



Principal Place of Business 7105 NW 50TH STREET NSO130 MIAMI, FL 33166	Mailing Address 7105 NW 50TH STREET NSO130 MIAMI, FL 33166
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3673338	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOMEZ, HERNANDO  
7105 NW 50TH STREET  
NSO130  
MIAMI, FL 33166

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 19/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS GOMEZ, HERNANDO 7105 NW 50TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SANCHEZ, DEL PILAR MA. 7105 NW 50TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ORTIZ, BERNARDO 7105 NW 50TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/05-80019-024 158.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone (371) 6330050 APR 19/05

Date Daytime Phone #